Fill in this in	nformation to identify	your case	and this filing:		
Debtor 1	Nicole		Moss		
Dobtor 2	First Name Midd	dle Name	Last Name		
Debtor 2 (Spouse, if filing	g) First Name Midd	dle Name	Last Name		
United States B	ankruptcy Court for the: <b>EA</b>	STERN DIS	T. OF PENNSYLVANIA		
Case number (if known)				☐ Check	if this is an
()				amend	ed filing
Official Forn	n 106A/B				
	VB: Property				12/15
the asset in the offiling together, best to this form	category where you think i ooth are equally responsibl m. On the top of any additi	t fits best. Bo e for supplyin ional pages, v	st an asset only once. If an asset as complete and accurate as ng correct information. If more write your name and case numbers, Land, or Other Real Es	possible. If two married pe space is needed, attach a s ber (if known). Answer eve	ople are separate ry question.
			<u> </u>		- u.i
	<b>i or nave any legal or equit</b> o to Part 2.	able interest	in any residence, building, land	a, or similar property?	
Yes. W	/here is the property?				
1.1. <b>3595 Vista Driv</b>	/e, Macungie, PA 18062	Check all t  ✓ Single	-family home	Do not deduct secured clair amount of any secured clair Creditors Who Have Claim	ms on Schedule D: s Secured by Property.
Lehigh		ш .	x or multi-unit building ominium or cooperative	Current value of the entire property?	Current value of the portion you own?
County		Manuf	actured or mobile home	\$375,000.00	\$375,000.00
		Land Investi Times Other	ment property hare	Describe the nature of yo interest (such as fee simple entireties, or a life estate)	ole, tenancy by the
			an interest in the property?	Tenancy by Entireties	
			e. r 1 only r 2 only	Check if this is comm (see instructions)	unity property
			r 1 and Debtor 2 only st one of the debtors and another		
			rmation you wish to add about dentification number:	this item, such as local	_
			of your entries from Part 1, inclite that number here		\$375,000.00
Part 2: D	escribe Your Vehicles	<b>;</b>			
-			any vehicles, whether they are also report it on Schedule G: Exe	_	•
3. Cars, vans,	trucks, tractors, sport utili	ty vehicles, r	notorcycles		
□ No ✓ Yes					

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Debte	or 1 Nicole I	Moss	Case number (if known)				
	el:	Chevrolet Equinox 2015 30,000	Who has an interest in the property?  Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another	Do not deduct secured clai amount of any secured cla Creditors Who Have Claim Current value of the entire property? \$13,266.00	ims on <i>Schedule D:</i>		
2015	5 Chevrolet Equ 10 miles)	uinox (approx.	Check if this is community property (see instructions)				
Mode Year: Appro	Make: Chevrolet  Model: Cruz		Who has an interest in the property?  Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another	Do not deduct secured clai amount of any secured cla Creditors Who Have Claim Current value of the entire property? \$8,763.00			
2013 mile	_	ız (approx. 30000	Check if this is community property (see instructions)				
Other 2001 mile 4.	el:  coximate mileage: r information:  Buick Century s)  Watercraft, aircr Examples: Boats  No No Yes  Add the dollar valentries for pages	y (approx. 150000  aft, motor homes, ATV trailers, motors, person alue of the portion you s you have attached for	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  s and other recreational vehicles, other vehicles watercraft, fishing vessels, snowmobiles, must own for all of your entries from Part 2, including Part 2. Write that number here	notorcycle accessories	ims on Schedule D:		
Do y	ou own or have a	any legal or equitable	interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.		
	<i>Examples:</i> Major ☐ No		inens, china, kitchenware		\$3,000.00		
	music		o, video, stereo, and digital equipment; compute devices including cell phones, cameras, media	•			
	No ✓ Yes. Describ	e Televisions, C	omputer, Cell Phone, Stereo Equipment	, etc.	\$1,000.00		

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Debt	btor 1 Nicole Moss Case number (	(if known)
8.	Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art of stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	objects;
	✓ No ☐ Yes. Describe	
9.	Equipment for sports and hobbies  Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf canoes and kayaks; carpentry tools; musical instruments	clubs, skis;
	✓ No ☐ Yes. Describe	
	Firearms  Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes. Describe	
	Clothes  Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	☐ No ☑ Yes. Describe Clothing	\$1,000.00
	Jewelry  Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, gold, silver	watches, gems,
	☐ No ☑ Yes. Describe Costume Jewelry	\$200.00
13.	Non-farm animals  Examples: Dogs, cats, birds, horses	
	✓ No ☐ Yes. Describe	
	Any other personal and household items you did not already list, including any health aids y did not list	ou
	✓ No  Yes. Give specific information	
	Add the dollar value of all of your entries from Part 3, including any entries for pages you ha attached for Part 3. Write the number here	
Pa	art 4: Describe Your Financial Assets	
Do y	you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when petition	you file your
	✓ No ☐ Yes	

Debte	or 1 Nicole Me	oss		Case number	(if known)	
	brokera	ng, savings, or o		accounts; certificates of deposit; shares in credit nstitutions. If you have multiple accounts with the		
	□ No					
	Yes		Institution n	name:		
	17.1. Check	king account:	First Com	nmonwealth No. 1899		\$2,000.00
	17.2. Savin	gs account:	Capital O	ne Bank No. 5512		\$12.00
	Bonds, mutual fur Examples: Bond fu  ✓ No			s n brokerage firms, money market accounts		
		Instituti	ion or issuer na	ame:		
	Non-publicly trade an interest in an L			orporated and unincorporated businesses, incenture	luding	
	<ul><li>✓ No</li><li>Yes. Give spe information about</li></ul>					
	them		of entity:		% of ownership:	
	Negotiable instrum	ents include pers	sonal checks,	egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money of transfer to someone by signing or delivering the		
	✓ No  Yes. Give speinformation abouthem	out	name:			
	•		, Keogh, 401(k	x), 403(b), thrift savings accounts, or other pension	on or	
	□ No					
	Yes. List each account separa		account:	Institution name:		
	assount sopans	•	r similar plan:			Unknown
22.	Security deposits					
	Your share of all ur	nused deposits y nents with landlo	ou have made	e so that you may continue service or use from a ent, public utilities (electric, gas, water), telecomm		
	<b>☑</b> No					
	Yes			stitution name or individual: ment of money to you, either for life or for a numb	har of years)	
	No Yes	·			Jei Oi yeais)	
	26 U.S.C. §§ 530(b			a qualified ABLE program, or under a qualifie	ed state tuition program.	
	☑ No ☐ Yes	Instituti	ion name and	description. Separately file the records of any in	iterests. 11 U.S.C. § 521(c)	
25.	_	or future interes	sts in property	y (other than anything listed in line 1), and rigi		
	✓ No ☐ Yes. Give speinformation abo					

Deb	tor 1	Nicole Moss		Case number (if known	)	
26.	Example No Yes		ks, trade secrets, and other intellectual proces, websites, proceeds from royalties and lic			
27.	License Example  ✓ No ☐ Yes	s, franchises, and othe	er general intangibles clusive licenses, cooperative association hold	lings, liquor licenses, professio	onal licens	ses
Mor		operty owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu	ınds owed to you				
		. Give specific information the control of the cont	on Federal: Estimated 2016 Tax Refu er	nd. Amt: \$7,250.00	Federal	\$7,250.00
	you	already filed the returns			State:	\$0.00
	and	the tax years			Local:	\$0.00
29.		• •	m alimony, spousal support, child support, ma	aintenance, divorce settlemen	t, property	settlement
	<u> </u>	. Give specific information	on	Alimony:		\$0.00
	_			Maintenar	nce:	\$0.00
				Support:		\$0.00
					ettlement:	\$0.00
				Property s		
30.			s <b>you</b> ility insurance payments, disability benefits, solutions is security benefits; unpaid loans you made to	sick pay, vacation pay, workers		<del></del>
		. Give specific information	on			
31.	Example  No  ✓ Yes  com	s in insurance policies es: Health, disability, or l  Name the insurance pany of each policy list its value	ife insurance; health savings account (HSA); Company name:	; credit, homeowner's, or rente Beneficiary:		nce rrender or refund value:
			Term Life Insurance Policy			\$0.00
32.	If you ar		due you from someone who has died ing trust, expect proceeds from a life insurancuse someone has died	ce policy, or are currently		
	Yes	. Give specific information	on			
33.		•	hether or not you have filed a lawsuit or ment disputes, insurance claims, or rights to su			
	✓ No ☐ Yes	. Describe each claim				

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Deb	tor 1	Nicole Moss	Case number (if known)	
34.	rights to	ontingent and unliquidated claims of every nature, including countered set off claims	claims of the debtor and	
	_	. Describe each claim		
35.	-	ancial assets you did not already list		
	✓ No ☐ Yes	. Give specific information		
36.		dollar value of all of your entries from Part 4, including any entries for Part 4. Write that number here	. •	\$9,262.00
Pa	art 5:	Describe Any Business-Related Property You Own or Ha	ave an Interest In. List any	real estate in Part 1.
37.	Do you	own or have any legal or equitable interest in any business-related p	roperty?	
	بخا	Go to Part 6 Go to line 38.		
				Current value of the portion you own?  Do not deduct secured claims or exemptions.
38.	Accoun	ts receivable or commissions you already earned		
	✓ No ☐ Yes	. Describe		
39.		<ul> <li>quipment, furnishings, and supplies</li> <li>es: Business-related computers, software, modems, printers, copiers, fax desks, chairs, electronic devices</li> </ul>	machines, rugs, telephones,	
	✓ No ☐ Yes	. Describe		
40.	Machin	ery, fixtures, equipment, supplies you use in business, and tools of y	our trade	
	☑ No □ Yes	. Describe		
41.	Invento	ry		
	✓ No	. Describe		
42.	Interest	s in partnerships or joint ventures		
	☑ No □ Yes	. Describe Name of entity:	% of ownership:	
43.	_	er lists, mailing lists, or other compilations		
	✓ No ☐ Yes	. Do your lists include personally identifiable information (as defined No Yes. Describe	d in 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related property you did not already list		
	✓ No ☐ Yes	. Give specific information.		
45.		dollar value of all of your entries from Part 5, including any entries for Part 5. Write that number here	_	\$0.00

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Deb	otor 1	Nicole Moss Case number (if known)	
Pa		Describe Any Farm- and Commercial Fishing-Related Property You Own or Hav If you own or have an interest in farmland, list it in Part 1.	e an Interest In.
46.	Do you	own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
	ب	. Go to Part 7. s. Go to line 47.	
			Current value of the portion you own?  Do not deduct secured claims or exemptions.
47.	Farm a Examp	unimals les: Livestock, poultry, farm-raised fish	
	✓ No		
	☐ Ye	S	
48.	Crops-	either growing or harvested	
		s. Give specific prmation	
49.	Farm a	and fishing equipment, implements, machinery, fixtures, and tools of trade	
	✓ No ☐ Ye		
50.	Farm a	and fishing supplies, chemicals, and feed	
	✓ No ☐ Yes		
51.	Any fa	rm- and commercial fishing-related property you did not already list	
		s. Give specific	
52.		e dollar value of all of your entries from Part 6, including any entries for pages you have ed for Part 6. Write that number here	→ \$0.00
Pa	art 7:	Describe All Property You Own or Have an Interest in That You Did Not List Abo	ove
53.	-	u have other property of any kind you did not already list?  les: Season tickets, country club membership	
	✓ No ☐ Yes	s. Give specific information.	
54.	Add th	e dollar value of all of your entries from Part 7. Write that number here	→ \$0.00

Debtor 1	Nicole Moss	Case nu	umber (if known)	
Part 8:	List the Totals of Each Part of this Form			
55. Part 1	: Total real estate, line 2		<b></b> →	\$375,000.00
56. Part 2	: Total vehicles, line 5	\$23,035.00		
57. Part 3	: Total personal and household items, line 15	\$5,200.00		
58. Part 4	: Total financial assets, line 36	\$9,262.00		
59. Part 5	: Total business-related property, line 45	\$0.00		
60. Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7	: Total other property not listed, line 54	+\$0.00		
62. Total	personal property. Add lines 56 through 61	\$37,497.00	Copy personal property total	+\$37,497.00
63. Total	of all property on Schedule A/B. Add line 55 + line 62			\$412,497.00

	<u>Nicole</u>		Moss			
Debtor 2	First Name	Middle Name	Last Name			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court for	the: <b>EASTERN</b>	DIST. OF PENNS	YLV	ANIA	Check if this is an
Case number (if known)						amended filing
Official Form	106C					
Schedule C	: The Prope	rty You Cla	aim as Exemp	ot		04/1
Jsing the property space is needed, furite your name ar	you listed on Scheill out and attach to do case number (if	edule A/B: Prope o this page as ma known).	erty (Official Form 106 any copies of Part 2	6A/B) 2: Add	as your source, list the ditional Page as nece	esponsible for supplying correct information e property that you claim as exempt. If moressary. On the top of any additional pages,
s to state a speci xempted up to the eceive certain be xemption of 100	ific dollar amount ne amount of any a enefits, and tax-ex % of fair market va	as exempt. Alt applicable statu tempt retirementalue under a la	ernatively, you may utory limit. Some ex it fundsmay be unl w that limits the exe	clair cemp imite mpti	n the full fair market tionssuch as those d in dollar amount. H	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the le statutory amount.
Part 1: Ide	entify the Prope	erty You Cla	im as Exempt			
. Which set of	exemptions are y	ou claiming?	Check one only,	even	if your spouse is filing	with you.
	-	•	cruptcy exemptions.			•
You are	claiming federal ex	cemptions. 11 U	.S.C. § 522(b)(2)			
F						
. For any prop	erty you list on Se	chedule A/B tha	at you claim as exen	npt, f	ill in the information	below.
Brief description	erty you list on So of the property an t lists this propert	nd line on	at you claim as exen  Current value of the portion you own	Am	ill in the information ount of the mption you claim	below.  Specific laws that allow exemption
Brief description	of the property an	nd line on	Current value of the portion you	Ame exe	ount of the mption you claim	
Brief description Schedule A/B tha	of the property an	nd line on	Current value of the portion you own Copy the value from Schedule A/B	Ame exe	ount of the mption you claim eck only one box for h exemption	Specific laws that allow exemption
Brief description Schedule A/B tha Brief description: 001 Buick Cen	of the property an	nd line on ty	Current value of the portion you own Copy the value from	Ame exe	ount of the mption you claim eck only one box for h exemption  \$1,006.00  100% of fair market	
crief description Schedule A/B that srief description: 001 Buick Cenniles)	of the property an t lists this propert tury (approx. 15	nd line on ty	Current value of the portion you own Copy the value from Schedule A/B	Ame exe	ount of the mption you claim eck only one box for h exemption \$1,006.00	Specific laws that allow exemption
Brief description  Brief description:  Brief description:  Brief description:  Brief from Schedul  Brief description:	of the property and t lists this propert tury (approx. 15	nd line on	Current value of the portion you own Copy the value from Schedule A/B	Ame exe	sount of the mption you claim eck only one box for the exemption  \$1,006.00  100% of fair market value, up to any applicable statutory limit  \$3,000.00	Specific laws that allow exemption
Brief description Schedule A/B that Brief description: 2001 Buick Cen miles) Line from Schedul Brief description: Household Goo	of the property and t lists this propert tury (approx. 15 e A/B:	nd line on	Current value of the portion you own  Copy the value from Schedule A/B  \$1,006.00	American Chee	count of the mption you claim  eck only one box for the exemption  \$1,006.00  100% of fair market value, up to any applicable statutory limit	Specific laws that allow exemption  11 U.S.C. § 522(d)(2)
Brief description  Brief description:  2001 Buick Cen  miles)  Line from Schedul  Brief description:	of the property and t lists this propert tury (approx. 15 e A/B:	nd line on	Current value of the portion you own  Copy the value from Schedule A/B  \$1,006.00	American Chee	sck only one box for the exemption  \$1,006.00  100% of fair market value, up to any applicable statutory limit  \$3,000.00  100% of fair market value, up to any applicable statutory limit	Specific laws that allow exemption  11 U.S.C. § 522(d)(2)
Brief description Schedule A/B that Brief description: 2001 Buick Cen miles) Line from Schedul Brief description: Household Goo	of the property and t lists this propert tury (approx. 15 e A/B:	nd line on	Current value of the portion you own  Copy the value from Schedule A/B  \$1,006.00	American Chee	sck only one box for the exemption  \$1,006.00  100% of fair market value, up to any applicable statutory limit  \$3,000.00  100% of fair market value, up to any applicable statutory limit	Specific laws that allow exemption  11 U.S.C. § 522(d)(2)
crief description chedule A/B that strief description: 001 Buick Cenniles) ine from Schedul drief description: lousehold Goo ine from Schedul	of the property and t lists this propert tury (approx. 15 e A/B: 6	nd line on try  60000 ings	Current value of the portion you own Copy the value from Schedule A/B \$1,006.00 \$3,000.00	American Chee	sck only one box for the exemption  \$1,006.00  100% of fair market value, up to any applicable statutory limit  \$3,000.00  100% of fair market value, up to any applicable statutory limit	Specific laws that allow exemption  11 U.S.C. § 522(d)(2)  11 U.S.C. § 522(d)(3)

Debtor 1 Nic	ole Moss			Case number	(if known)
Part 2: A	dditional Page				
	n of the property and line on at lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description: Televisions, C Equipment, etc Line from Schedu	omputer, Cell Phone, Stereo	\$1,000.00		\$1,000.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Clothing		\$1,000.00	<b>☑</b>	\$1,000.00 100% of fair market	11 U.S.C. § 522(d)(3)
Line from Schedu	ule A/B: <b>11</b>			value, up to any applicable statutory limit	
Brief description: Costume Jewe		\$200.00		\$200.00 100% of fair market	11 U.S.C. § 522(d)(4)
Line from Schedu	ule A/B: <b>12</b>			value, up to any applicable statutory limit	
Brief description: First Common	wealth No. 1899	\$2,000.00	$\square$	\$2,000.00 100% of fair market	11 U.S.C. § 522(d)(5)
Line from Schedu	ule A/B: <b>17.1</b>			value, up to any applicable statutory limit	
Brief description: Capital One Ba		\$12.00	Ø	\$12.00 100% of fair market	11 U.S.C. § 522(d)(5)
Line from Schedu				value, up to any applicable statutory limit	
Brief description: 401(k)		Unknown	Ø	<b>\$0.00</b> 100% of fair market	11 U.S.C. § 522(d)(12)
Line from Schedu	ule A/B: <b>21</b>			value, up to any applicable statutory limit	
Brief description: Estimated 201		\$7,250.00	Image: Control of the con	<b>\$7,250.00</b> 100% of fair market	11 U.S.C. § 522(d)(5)
Line from Schedu	ule A/B: <b>28</b>		_	value, up to any applicable statutory limit	
Brief description: Term Life Insu		\$0.00	Ø	\$0.00	11 U.S.C. § 522(d)(7)
Line from Schedu	-			100% of fair market value, up to any applicable statutory limit	

Fill in this info	ormation to ident	ify your caso:				
Debtor 1	Nicole	ny your case.	Moss			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ban	kruptcy Court for the:	EASTERN DIST	. OF PENNSYLVAN	IA		
Case number					☐ Check if this is	s an
(if known)					amended filing	
Official Form	106D					
Schedule D:	<b>Creditors Wh</b>	o Have Claiı	ms Secured by	Property		12/15
1. Do any credite  No. Chec  Yes. Fill i  Part 1: List  List all secure claim, list the coreditor has a	characteristics and submit in all of the information and claims. If a creditor separately for particular claim, list the ble, list the claims in a	te your name and tred by your proper this form to the combelow.  Ims  Ir has more than one each claim. If more e other creditors in	erty?  urt with your other scheller secured e than one Part 2. As	vn).	es, and attach it to this ning else to report on the  Column B  Value of collateral that supports this claim	
2.1		Describe the p	•	\$22,097.00	\$13,266.00	\$8,831.00
Capital One Auto Creditor's name 3901 Dallas Pkw Number Street		— 2015 Chevro (approx. 300	let Equinox			
Plano City Who owes the deb Debtor 1 only Debtor 2 only Debtor 1 and D At least one of to a communit Date debt was ince	ebtor 2 only the debtors and anoth laim relates y debt	Contingent Unliquidate Disputed Nature of lien. An agreem Statutory lie Judgment I Other (inclu	ed  Check all that apply. ent you made (such as en (such as tax lien, m lien from a lawsuit uding a right to offset)	s mortgage or secured	car loan)	
to a communit	y debt			1 0 0 1		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$22,097.00

Debtor 1 Nicole Moss		_ Case number (if	known)			
9	_			Column C Unsecured portion If any		
Lower Macungie Township Creditor's name C/O Norris, McLaughlin, & Marcus, P. Number Street 515 W. Hamilton Street, Ste. 502  Allentown PA 18101 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates	Describe the property that secures the claim:  \$427.92 \$375,000.00 \$427.92  3595 Vista Drive, Macungie, PA 18062  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)					
to a community debt  Date debt was incurred	Last 4 digits of account number					
2.3  Nationstar Mortgage LLC  Creditor's name 350 Highland Dr.  Number Street	Describe the property that secures the claim: 3595 Vista Drive, Macungie, PA 18062	\$459,948.58	\$375,000.00	\$84,948.58		
Lewisville TX 75067 City State ZIP Code  Who owes the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another ☑ Check if this claim relates to a community debt	As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit  Other (including a right to offset) Conventional Real Estate Modern	mortgage or secured echanic's lien)	car loan)			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$460,376.50

Debtor 1 Nicole Moss	Case number (if known)			
Additional Page Part 1: After listing any entries on sequentially from the previous		Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Regional Acceptance Co. Creditor's name 621 W. Newport Pike Number Street	Describe the property that secures the claim: 2013 Chevrolet Cruz (approx. 30000 miles)	\$14,902.00	\$8,763.00	\$6,139.00
Wilmington DE 19804 City State ZIP Code  Who owes the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another ☑ Check if this claim relates to a community debt	As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) Automobile	mortgage or secured	car loan)	
Date debt was incurred 09/2016	Last 4 digits of account number	1 7 0 1		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$14,902.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$497,375.50

Debtor 1	or 1 Nicole Moss			Case number (if known)			
Part 2:	List Others to Be Notified	for a	Debt That You	ou Already Listed			
example, if then list th	f a collection agency is trying to co e collection agency here. Similarly litional creditors here. If you do no	llect fro , if you	m you for a debt y have more than or	tcy for a debt that you already listed in Part 1. For ou owe to someone else, list the creditor in Part 1, and ne creditor for any of the debts that you listed in Part 1, to be notified for any debts in Part 1, do not fill out or			
Nar		•		On which line in Part 1 did you enter the creditor?	2.3		
Suite 500, BNY Mellon Independence Cente  Number Street 701 Market Street		nte	Last 4 digits of account number	_			
Ph City	iladelphia	PA State	<b>19106-1532</b> ZIP Code	_ _			

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Fill in this inf	ormation to i	dentify your o	2000			
		dentily your t				
Debtor 1	Nicole First Name	Middle Name	Moss Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court fo	or the: <b>EASTERN</b>	I DIST. OF PENNSYLVANIA			
Case number				_		
(if known)				_	Check if this is a amended filing	an
Official Form	106E/F			_		
Schedule E/	/F: Credito	rs Who Hav	e Unsecured Claims			12/15
Do not include an If more space is not to this page. On the	y creditors with needed, copy the the top of any ac	partially secured Part you need, to Iditional pages, v	and on Schedule G: Executory Co d claims that are listed in Schedule fill it out, number the entries in the write your name and case number secured Claims	e D: Creditors Who H boxes on the left. At	old Claims Secur	ed by Property.
			ms against you?			
-	to Part 2.	y unsecured ciai	ms against you:			
✓ Yes.	10 T alt 2.					
claim. For ea show both pri more space is claim, list the	ch claim listed, ic ority and nonprior s needed for prior other creditors in	dentify what type of rity amounts. As it rity unsecured clait Part 3.	a creditor has more than one priority of claim it is. If a claim has both prior much as possible, list the claims in a ms, fill out the Continuation Page of the instructions for this form in the ins	rity and nonpriority amo Iphabetical order acco Part 1. If more than o	ounts, list that clain	m here and or's name. If
					amount	amount
2.1				\$2,110.00	\$2,110.00	\$0.00
Zachary Zawars			- Last 4 digits of account number			
Priority Creditor's Nam 1441 Linden Str			When was the debt incurred?	 12/15/2016		
Number Street					-	
			<ul> <li>As of the date you file, the claim</li> <li>Contingent</li> </ul>	is: Check all that app	ly.	
Bethlehem	PA	18018	Unliquidated			
City	State	ZIP Code	- Disputed			
Who incurred the	debt? Check	one.	Type of PRIORITY unsecured cla	aim:		
Debtor 1 only Debtor 2 only			Domestic support obligations	41		
Debtor 1 and D	Debtor 2 only		Taxes and certain other debts  Claims for death or personal in		eni	
	the debtors and		intoxicated	, , ,		
_	claim is for a co	mmunity debt	Other. Specify	_		
Is the claim subje	ct to offset?		Attorney fees for this cas	e		
✓ No Yes						

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Debtor 1	Nicole Moss	Case number (if known)
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims
No Ye  4. List all If a cred type of 6	of your nonpriority unsecured claims ditor has more than one nonpriority unse claim it is. Do not list claims already inc	I claims against you?  Submit this form to the court with your other schedules.  in the alphabetical order of the creditor who holds each claim.  cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.  Total claim
Richmond City Who incurre Debtor 1 Debtor 1 At least 0	VA 23238 State ZIP Code check one. only	\$2,490.00  Last 4 digits of account number 2 5 5 4  When was the debt incurred? 06/2015  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card
Richmond City Who incurre Debtor 1 Debtor 1 At least of	VA 23238 State ZIP Code conly  Check one.	\$2,057.00  Last 4 digits of account number 1 9 6 0  When was the debt incurred? 06/2015  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card

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Debtor 1 Nicole Moss	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$1,240.00
Capital One Bank USA, NA	Last 4 digits of account number 5 2 9 8	
Nonpriority Creditor's Name 15000 Capital One Dr.	When was the debt incurred? 08/2015	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Richmond VA 23238		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans  Obligations crising out of a congretion agreement or diverse	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?  ✓ No		
✓ No ☐ Yes		
4.4		\$496.00
Credit One Bank, NA	Last 4 digits of account number8 _ 9 _ 0 _ 2	
Nonpriority Creditor's Name P.O. Box 98875	When was the debt incurred? 08/2015	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
	□ Disputed	
Las Vegas NV 89193		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
At least one of the deptors and another  Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Credit Card	
No No		
Yes		
4.5		\$2,909.00
First Commonwealth FCU Nonpriority Creditor's Name	Last 4 digits of account number0089	
257 Brodhead Rd.	When was the debt incurred? 05/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	□ Contingent     □ Unliquidated	
Bathleham BA (2017	Disputed	
Bethlehem         PA         18017           City         State         ZIP Code	Type of NONDRIORITY uncopured eleims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	C. Cuit Gui u	
✓ No		
☐ Yes		

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Debtor 1 Nicole Moss	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6		\$831.00
First Premier Bank	Last 4 digits of account number 9 1 8 6	<del></del>
Nonpriority Creditor's Name 601 S. Minnesota Ave.	When was the debt incurred? 06/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Sioux Falls SD 57104		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans  Obligations crising out of a congretion agreement or diverse	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	☐ Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
Yes		
4.7		\$230.00
Global Payments Check Services, Inc.	Last 4 digits of account number	
Nonpriority Creditor's Name 10705 Red Run Blvd.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
	☐ Unliquidated ☐ Disputed	
Owings Mills         MD         21117-8584           City         State         ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	insumcient i unu i ee	
₩ No		
Yes		
4.8		\$157.46
Lehigh Valley Health Network	Last 4 digits of account number 8 1 3 4	
Nonpriority Creditor's Name P.O. Box 4067	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Allentown PA 18105-4067		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
☐ Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
— Object 16 (b) a defenda for a community of the	Other. Specify	
Is the claim subject to offset?	Medical Bill	
No		
Yes		

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Debtor 1 Nicole Moss	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$1,296.00
Merrick Bank	Last 4 digits of account number 5 7 0 5	
Nonpriority Creditor's Name P.O. Box 9201	When was the debt incurred? 06/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	□ Disputed	
Old Bethpage         NY         11804           City         State         ZIP Code	- Toward MONDRIODITY was a sound delain.	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:  Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.10		\$41.42
Penn Credit	Last 4 digits of account number	
Nonpriority Creditor's Name 916 S. 14th Street	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Disputed	
Harrisburg PA 17104 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
	Collection Attorney	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.11		\$1,277.70
PP&L Electric Utilities	Last 4 digits of account number0027_	
Nonpriority Creditor's Name 2 North 9th Street CPC-GENN-1	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Disputed	
Allentown         PA         18101-1175           City         State         ZIP Code	Type of NONDRIORITY unccoured eleim:	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:  Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Electricity Bill	
Is the claim subject to offset?		
✓ No □ Yes		

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Debtor 1	Nicole Moss	<b>3</b>		Case number (if known)	
Part 2:	Your NON	IPRIC	RITY Unsecu	red Claims Continuation Page	
After listin		n this p	page, number the	em sequentially from the	Total claim
4.12					\$345.00
	USA/Target Cı	edit		Last 4 digits of account number 2 7 7 8	
Nonpriority C P.O. Box	reditor's Name			When was the debt incurred? 12/2015	
Number	Street			As of the date you file, the claim is: Check all that apply.	
				Contingent	
				☐ Unliquidated ☐ Disputed	
Minneapo	olis	MN	55440	Disputed	
City		State	ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor	red the debt?	Check	cone.	☐ Student loans	
Debtor	•			Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2	only		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At leas	t one of the debt	ors and	d another	Other. Specify	
	if this claim is f	or a co	ommunity debt	Credit Card	
Is the clain	n subject to offs	set?			
<b>☑</b> No					
Yes					
4.13					\$318.00
UGI Utiliti	es. Inc.			Last 4 digits of account number	4010100
Nonpriority C	reditor's Name			When was the debt incurred?	
P.O. Box Number	13009 Street			As of the date you file, the claim is: Check all that apply.	
Number	Sileet			Contingent  Contingent	
				Unliquidated	
Reading		PA	19612	Disputed	
City		State	ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incur	red the debt?	Check	cone.	Student loans	
☐ Debtor	•			☐ Obligations arising out of a separation agreement or divorce	
Debtor	•			that you did not report as priority claims	
=	1 and Debtor 2 of the debt	-	1 another	☐ Debts to pension or profit-sharing plans, and other similar debts	
<u> </u>				Other. Specify	
ت	if this claim is f		ommunity aebt	Gas Bill	
<b>—</b> N.	n subject to offs	set?			
✓ No ☐ Yes					

Debtor 1	Nicole Moss	Case number (if known)
Part 4:	Add the Amounts for Each Type of Unsecured Claim	

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. <b>-</b>	\$2,110.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$2,110.00
Total claims	C4	Student loans	6f.	Total claim
from Part 2	6f.	Student loans	ЮΪ.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	<sup>6i.</sup> <b>-</b>	\$13,688.58
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$13,688.58

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Fill in this inf	ormation to id	entify your case	:		
Debtor 1	Nicole		Moss		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for	the: <b>EASTERN DIS</b>	T. OF PENNSYLVANIA		
Case number				-	Check if this is an
(if known)				_	amended filing

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
  is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
  executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill i	n this inf	ormation to	identify your case	:		
Debto	or 1	Nicole		Moss	7	
		First Name	Middle Name	Last Name	_	
Debto (Spou	or 2 use, if filing)	First Name	Middle Name	Last Name	_	
United	d States Ba	nkruptcy Court	for the: <b>EASTERN DIS</b>	T. OF PENNSYLVANIA		
	number					
(if kno					Check if this is an amended filing	
Offici	ial Form	106H				
		Your Co	debtors		1	2/1
page. 1. Do	On the top  you have		nal Pages, write your n		on the left. Attach the Additional Page to this nown). Answer every question.  Source as a codebtor.)	
	ithin the las clude Arizor	a, California, I			ory? (Community property states and territories exas, Washington, and Wisconsin.)	
	-4	l your spouse, f	former spouse, or legal e	quivalent live with you at the ti	time?	
pe cr	Column 1, erson show editor on S	list all of your n in line 2 aga Schedule D (Of	in as a codebtor only if	that person is a guarantor o dule E/F (Official Form 106E	btor if your spouse is filing with you. List the or cosigner. Make sure you have listed the E/F), or <i>Schedule G</i> (Official Form 106G). Use	
	Column 1:	Your codebto	or		Column 2: The creditor to whom you owe the de	ebt
					Check all schedules that apply:	
	Chausa N	Jama Nat En	tanad		chook an oshoushoo that apply.	
3.1	Name	Name Not En	terea		Schedule D, line 2.1	
	Number	Street			Schedule E/F, line	
					Schedule G, line	
					Capital One Auto Finance	
	City		State	ZIP Code		
3.2	Spouse Name	Name Not En	tered		Schedule D, line	
					Schedule E/F, line 4.1	
	Number	Street			Schedule G, line	
					Capital One Bank USA, NA	
	City		Stata	7IP Codo		

Debto	r 1 Nicole Moss			Case number (if known)
	Additional Page to List	More Cod	ebtors	
	Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.3	Spouse Name Not Entered			Schedule D, line
	Name			Schedule E/F, line <b>4.2</b>
	Number Street			
				Capital One Bank USA, NA
	City	State	ZIP Code	<u> </u>
3.4	Spouse Name Not Entered			Schedule D, line
	Name			
	Number Street			Schedule E/F, line4.3
				Schedule G, line Capital One Bank USA, NA
	City	State	ZIP Code	
3.5	Spouse Name Not Entered			- Octobrio D. Free
0.0	Name			Concount B, mile
	Number Street			Schedule E/F, line 4.4
				Schedule G, line Credit One Bank, NA
	City	State	ZIP Code	Credit Offe Balik, NA
3.6	Spouse Name Not Entered			
5.0	Name			Gorieddie D, iirie
	Number Street			Schedule E/F, line 4.5
				Schedule G, line
	City	State	ZIP Code	First Commonwealth FCU
2.7	Spouse Name Not Entered			
3.7	Name Name			Schedule D, line
	Number Street			Schedule E/F, line 4.6
				Schedule G, line
	City	State	ZIP Code	First Premier Bank
	· -	Ciale	Zii Oode	
3.8	Spouse Name Not Entered Name			Schedule D, line
	Number Street			Schedule E/F, line
				Schedule G, line
	Other	01:	710.0	Global Payments Check Services, Inc.
	City	State	ZIP Code	

Debtor	1 Nicole Moss	Case number (if known)
	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:
3.9	Spouse Name Not Entered	Schedule D, line
	Name	
	Number Street	<u> </u>
		Schedule G, line KML Law Group, P.C.
	City State ZIP Code	
3.10	Spouse Name Not Entered	
0.10	Name	Schedule D, line
	Number Street	Schedule E/F, line 4.8
		Schedule G, line
	City State ZIP Code	Lehigh Valley Health Network
0.44	•	
3.11	Spouse Name Not Entered Name	Schedule D, line 2.2
	Number Street	Schedule E/F, line
		Schedule G, line
		Lower Macungie Township
	City State ZIP Code	
3.12	Spouse Name Not Entered Name	Schedule D, line
	Number Street	Schedule E/F, line 4.9
	Number Street	Schedule G, line
		Merrick Bank
	City State ZIP Code	
3.13	Spouse Name Not Entered Name	Schedule D, line 2.3
		Schedule E/F, line
	Number Street	Schedule G, line
		Nationstar Mortgage LLC
	City State ZIP Code	
3.14	Spouse Name Not Entered	Schedula D. line
	Name	Schedule D, line
	Number Street	Schedule E/F, line 4.10
		Schedule G, line Penn Credit
	City State 7IP Code	i Cini Oleuit

NICOIE WOSS	Case number (if known)
Additional Page to List More Codebtors	
Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
	Check all schedules that apply:
3.15 Spouse Name Not Entered Name	Schedule D, line
	Schedule E/F, line <b>4.11</b>
Number Street	<u> </u>
	Schedule G, line PP&L Electric Utilities
City State ZIP Code	
3.16 Spouse Name Not Entered	Schedule D, line 2.4
Name	<u> </u>
Number Street	Schedule E/F, line
	Schedule G, line  Regional Acceptance Co.
City State ZIP Code	Regional Acceptance Co.
3.17 Spouse Name Not Entered	
3.17 Spouse Name Not Entered Name	Schedule D, line
Number Street	Schedule E/F, line 4.12
	Schedule G, line
2:	TD Bank USA/Target Credit
City State ZIP Code	
3.18 Spouse Name Not Entered Name	Schedule D, line
Number Street	Schedule E/F, line 4.13
	Schedule G, line
	UGI Utilities, Inc.
City State ZIP Code	
3.19 Spouse Name Not Entered Name	Schedule D, line
Number Street	
Number Ones	Schedule G, line
	Zachary Zawarski, Esq.
City State 7IP Code	<del></del>

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Fill in this inform	nation to identify	/ vour case:							
		, our outon	Mess						
Debtor 1	Nicole First Name	Middle Name	Moss Last Name			——   Che	eck if this is:		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			_	An amended filing		
				/1 \/	A B.I. A		A supplement showing	ng postpe	tition
United States Bankı	ruptcy Court for the:	EASTERN DI	IST. OF PENNS	LV	AINIA	—  <sup>-</sup>	chapter 13 income a	s of the fo	llowing date:
Case number (if known)				_			MM / DD / YYYY		
Official Form 10	<u> </u>								
Schedule I: Yo	ur Income								12/15
responsible for supply include information all about your spouse. If your name and case in Part 1: Descri	oout your spouse. I	f you are separ ded, attach a se Answer every q	ated and your spo parate sheet to th	use	is not	filing with y	ou, do not include in	formatio	n
<ol> <li>Fill in your emploinformation.</li> </ol>	yment		Debtor 1				Debtor 2 or non-fi	ling spou	ıse
If you have more t job, attach a sepa with information al	rate page Emplo	yment status	✓ Employed  Not employed				<ul><li>✓ Employed</li><li>☐ Not employed</li></ul>		
additional employe	ers. Occup	ation	Medical Assis	tant			Truck Driver		
Include part-time, or self-employed v		yer's name	Advanced Dermatology Assoc		Associates	s Stericycle Inc.			
Occupation may ir student or homem applies.	=p.o	yer's address	1259 S. Cedar Number Street	Cre	st Blv	d.	28161 Keith Driv Number Street	/e	
			Allentown		PA	18103	Lake Forest	IL	60045
			City		State	Zip Code	City	State	Zip Code
	How Id	ong employed th	nere? 2 Years	3			6 Months		_
Part 2: Give D	etails About Mo	onthly Incom	е						
Estimate monthly inco			n. If you have noth	ing t	o repoi	t for any line	, write \$0 in the space	. Include	your
If you or your non-filing you need more space,			er, combine the info	orma	tion fo	all employer	rs for that person on the	ne lines b	elow. If
					For I	Debtor 1	For Debtor 2 or non-filing spous	<u>e</u>	
	ss wages, salary, ar ). If not paid monthly			2.		\$3,006.25	\$5,689.71		
3. Estimate and list	monthly overtime p	ay.		3.	+	\$0.00	\$0.00		
4. Calculate gross i	ncome. Add line 2	+ line 3.		4.		\$3,006.25	\$5,689.71		

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1 Nico	le Moss		Case nun	ıber	(if known	)		
				For Debtor 1		r Debtor n-filing		<u> </u>	
		ere →	4.	\$3,006.25	_	\$5,68	9.71		
5.	List all payroll deductions:			<b>*</b> 0.00		¢4.47	4 00		
		dicare, and Social Security deductions	5a.	\$0.00	-	\$1,17			
	5b. Mandatory contributions for retirement plans		5b.	\$0.00 \$0.00	-		0.00 8.07		
		ry contributions for retirement plans	5c.	\$0.00	-		0.00		
	5e. Insurance	d repayments of retirement fund loans	5d. 5e.	\$0.00	-	-	6.00		
		c support obligations	5f.	\$0.00	-		0.00		
	5g. Union de		5g.	\$0.00	-	•	2.66		
	5h. Other de	eductions.			-				
	Specify:	See continuation sheet	5h.•	¥1,189.47	-	фо	0.90		
6.	5g + 5h.	<b>oll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f +	6.	\$1,189.47	-	\$1,40			
7.		al monthly take-home pay. Subtract line 6 from line 4.	7.	<u>\$1,816.78</u>	_	\$4,28	0.48		
8.		income regularly received:							
		me from rental property and from operating a s, profession, or farm	8a.	\$0.00	-	\$	0.00		
	gross red	statement for each property and business showing ceipts, ordinary and necessary business expenses, and monthly net income.							
	8b. Interest	and dividends	8b.	\$0.00		\$	0.00		
	-	support payments that you, a non-filing spouse, or a ent regularly receive	8c.	\$0.00	-	\$	0.00		
		alimony, spousal support, child support, maintenance, settlement, and property settlement.							
	8d. Unemple	byment compensation	8d.	\$0.00		\$	0.00		
	8e. Social S	ecurity	8e.	\$0.00	_	\$	0.00		
	8f. Other go	overnment assistance that you regularly receive							
	cash ass (benefits	cash assistance and the value (if known) or any non- sistance that you receive, such as food stamps under the Supplemental Nutrition Assistance Program) ng subsidies.							
	Specify:		8f.	\$0.00		\$	0.00		
	8g. Pension	or retirement income	- 8g.	\$0.00	_		0.00		
	8h. Other m	onthly income.	ŭ	*****	-	<u>·</u>			
	Specify:	Pro-Rated 2015 Tax Refund	8h.	F\$596.25	_	\$76	8.83		
9.	Add all other	<b>income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$596.25		\$76	8.83		
10.		onthly income. Add line 7 + line 9. es in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,413.03	۱	\$5,04	9.31	]=[	\$7,462.34
11.		r regular contributions to the expenses that you list in S	ched	ıle J.					
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.								
	Do not include	e any amounts already included in lines 2-10 or amounts that	at are i	not available to pay e	xper	nses liste	d in Sc	hed	ule J.
	Specify:						11.	+	\$0.00
12.	2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.								
13.	Do you expe	ct an increase or decrease within the year after you file t	this fo	rm?					monthly income
	No.	None.							
	Yes. Exp								
		1							J

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Debtor 1	Nicole Moss		Case nur	nber (if known)	
5h. Other	Payroll Deductions (details)	For Debto	or 1	For Debtor 2 or non-filing spouse	
	s / Local Tax	\$3	60.42	\$67.44	
Othe	r Deductions / LST		29.05	<u>\$4.12</u>	
SUI				\$9.01	
Осси	ipancy Tax			\$0.33	
		Totals: \$1,1	89.47	\$80.90	

Official Form 106l Schedule I: Your Income page 3

ill in this information to identify your case:	Check if this is:			
Debtor 1 Nicole Moss	Check if this is:  An amended filing			
First Name Middle Name Last Name	A supplement showing postpetition			
Debtor 2	chapter 13 expenses as of the			
(Spouse, if filing) First Name Middle Name Last Name	following date:			
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA	MM / DD / YYYY			
Case number (if known)				
fficial Form 106J				
chedule J: Your Expenses	12/15			
as complete and accurate as possible. If two married people are filing together, both are trect information. If more space is needed, attach another sheet to this form. On the top me and case number (if known). Answer every question.				
Part 1: Describe Your Household				
Is this a joint case?				
✓ No. Go to line 2.	old of Debtor 2.			
Do you have dependents? ☐ No ☐ No ☐ Dependent's relation ☐ Dependent's relation ☐ Dependent's relation ☐ Dependent's relation	nship to Dependent's Does dependent			
Do not list Debtor 1 and Debtor 2.  Debtor 2.  Debtor 1 or Debtor 2				
<u>Daughter</u>	<u>25</u>			
Do not state the dependents' names. Daughter	<u>17</u>			
<u>Daughter</u>				
	Yes ☐ No			
Do your expenses include   expenses of people other than yourself and your dependents?	Yes			
Part 2: Estimate Your Ongoing Monthly Expenses				
timate your expenses as of your bankruptcy filing date unless you are using this form as report expenses as of a date after the bankruptcy is filed. If this is a supplemental Sched form and fill in the applicable date.	• • • • • • • • • • • • • • • • • • • •			
lude expenses paid for with non-cash government assistance if you know the value of ch assistance and have included it on Schedule I: Your Income (Official Form 106I.)	Your expenses			
The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.	4. <b>\$2,800.00</b>			
If not included in line 4:				
As Past estate taxes				
4a. Real estate taxes	4a			
4b. Property, homeowner's, or renter's insurance	4a 4b			

Deb	btor 1 Nicole Moss	Case number (if known)				
		Your expenses				
5.	Additional mortgage payments for your residence, such as home equity loans	5.				
6.	Utilities:					
	6a. Electricity, heat, natural gas	6a. <b>\$300.00</b>				
	6b. Water, sewer, garbage collection	6b. <b>\$120.00</b>				
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. <b>\$390.00</b>				
	6d. Other. Specify:	6d				
7.	Food and housekeeping supplies	7. <b>\$100.00</b>				
8.	Childcare and children's education costs	8.				
9.	Clothing, laundry, and dry cleaning	9. <b>\$100.00</b> _				
10.	Personal care products and services	10. <b>\$150.00</b>				
11.	Medical and dental expenses	11. <b>\$150.00</b>				
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. <b>\$250.00</b>				
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <b>\$100.00</b>				
14.	Charitable contributions and religious donations	14				
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.					
	15a. Life insurance	15a. <b>\$80.00</b>				
	15b. Health insurance	15b.				
	15c. Vehicle insurance	15c. <b>\$400.00</b>				
	15d. Other insurance. Specify:	 15d.				
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.				
17.	Installment or lease payments:					
	17a. Car payments for Vehicle 1 Chevy Equinox	17a <b>\$479.00</b> _				
	17b. Car payments for Vehicle 2 Chevy Cruz	17b. <b>\$352.00</b>				
	17c. Other. Specify:	17c				
	17d. Other. Specify:					
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.				
19.	Other payments you make to support others who do not live with you.  Specify:	19.				

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Debtor 1		Nicole Moss	Case number (if known)				
		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.					
	20a. Mortgages on other property		20a				
	20b.	Real estate taxes	20b				
	20c.	Property, homeowner's, or renter's insurance	20c.				
	20d.	Maintenance, repair, and upkeep expenses	20d				
	20e.	Homeowner's association or condominium dues	20e				
21.	Othe	. Specify:	21. +				
22.	Calcu	late your monthly expenses.					
	22a.	Add lines 4 through 21.	22a	\$5,971.00			
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b				
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$5,971.00			
23.	Calcu	ılate your monthly net income.					
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$7,462.34			
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>_</b>	\$5,971.00			
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$1,491.34			
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you fil	e this form?				
		xample, do you expect to finish paying for your car loan within the year or do you expent to increase or decrease because of a modification to the terms of your mortgage	, ,				
	_	No. Yes. Explain here: None.					

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Fill in this in	formation to	identify your case	:		
Debtor 1	Nicole		Moss		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing	i) First Name	Middle Name	Last Name	_	
		or that EASTERN DIS	T OF DENNEY! VANIA		
	ankrupicy Count it	or the. <b>EASTERN DIS</b>	T. OF PENNSYLVANIA	_	
Case number (if known)					if this is an led filing
Official Forn	n 106Sum				J
		ets and Liabilit	ies and Certain S	tatistical Information	12/1
Part 1: St	ummarize You	ır Assets			Your assets Value of what you own
1. Schedule A/	B: Property (Offici	ial Form 106A/B)			value of what you own
1a. Copy lir	ne 55, Total real e	state, from Schedule A	/B		\$375,000.00
1b. Copy lir	ne 62, Total perso	nal property, from Sche	edule A/B		\$37,497.00
1c. Copy lir	ne 63, Total of all	property on Schedule A	/B		\$412,497.00
Part 2: Su	ummarize <b>Υο</b> ι	ır Liabilities			
					Your liabilities Amount you owe
		•	Property (Official Form 106 f claim, at the bottom of the	SD) last page of Part 1 of Schedule D	\$497,375.50
			s (Official Form 106E/F) ured claims) from line 6e of 9	Schedule E/F	\$2,110.00
3b Copy th	e total claims fron	m Part 2 (nonpriority uns	secured claims) from line 6i	of Schedule F/F	<b>+</b> \$13,688.58

### Part 3: Summarize Your Income and Expenses

\$513,174.08

Your total liabilities

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Deb	otor 1	Nicole Moss Case nur	mber (if known)						
Part 4: Answer These Questions for Administrative and Statistical Records									
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?								
	_	No. You have nothing to report on this part of the form. Check this box and submit this Yes	form to the court with yo	our other schedules.					
7.	What	kind of debt do you have?							
		Your debts are primarily consumer debts. Consumer debts are those "incurred by ar family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purp Your debts are not primarily consumer debts. You have nothing to report on this par	oses. 28 U.S.C. § 159.	•					
		this form to the court with your other schedules.							
В.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.								
9.	Сору	the following special categories of claims from Part 4, line 6 of Schedule E/F:							
			Total claim						
	From	Part 4 on <i>Schedule E/F,</i> copy the following:							
	9a.	Domestic support obligations. (Copy line 6a.)	\$0.0	0					
	9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.0	<u>0</u>					
	9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.0	<u>0</u>					
	9d.	Student loans. (Copy line 6f.)	\$0.0	<u>0</u>					
		Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.0	0					

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

				_	
Fill in this inf	formation to i	dentify your case:			
Debtor 1	Nicole First Name	Middle Name	Moss Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court fo	or the: <b>EASTERN DIS</b>	T. OF PENNSYLVANIA		
Case number (if known)					Check if this is an amended filing
Official Form	106Dec				
Declaration	About an I	ndividual Debt	or's Schedules		12/15
	isonment for up gn Below	to 20 years, or both.	18 U.S.C. §§ 152, 1341, 1519,	and 3571.	
Did you pay o	or agree to pay s	someone who is NOT	an attorney to help you fill o	ut bankruptcy forms?	
<u>.                                    </u>	ame of person				otcy Petition Preparer's Notice, d Signature (Official Form 119).
Under penalt true and corr		eclare that I have read	the summary and schedules	s filed with this declara	tion and that they are
X /s/ Nicole Nicole Mos	ss, Debtor 1		X Signature of Debtor 2		
Date <b>12/</b>	29/2016		Date	_	

MM / DD / YYYY

MM / DD / YYYY